

Andrea E. Celli
Chapter 13 Standing Trustee

To: Douglas L Beyer
Robin S. Beyer
P.O. Box 793
Millerton, NY 12546

Case No. 13-10411

RICHARD CROAK & ASSOC.
314 GREAT OAKS BLVD
ALBANY, NY 12203
Via Electronic Service

NOTICE OF CLAIMS FILED

The following is a list of all claims filed by creditors in the above referenced Chapter 13 Bankruptcy Case. A copy of this report has been sent to the Debtor and the Debtor's attorney.

Pursuant to 11 U.S.C. 502(a), the claims are deemed allowed and payment will be remitted to each creditor based on the filed claim amounts unless within 45 days of this Notice, the Debtor or their attorney files a written Objection with the Court AND provides a copy of the objection to the Trustee. All Objections must be in writing and in compliance with Bankruptcy Rule 9014 which requires NOTICE OF MOTION and Motion Objecting to the Claim.

Name/Acct. No.	Type	Claim Amount	Interest Rate
RICHARD CROAK & ASSOC.	ATTORNEY FEE	3,500.00	0.00
AMERICAN ADJUSTMENT BUREAU 4458	UNSECURED	0.00	0.00
PATRIOT RESORTS 1797	UNSECURED/REPOSSES	0.00	0.00
PATRIOT RESORTS 1797	UNSECURED	0.00	0.00
PATRIOT RESORTS 6366	UNSECURED/REPOSSES	0.00	0.00
PATRIOT RESORTS 6366	UNSECURED	0.00	0.00
AMERICAN ADJUSTMENT BUREAU 5381	UNSECURED	0.00	0.00
AMERICAN ADJUSTMENT BUREAU 6046	UNSECURED	0.00	0.00
AMERICAN ADJUSTMENT BUREAU 7980	UNSECURED	0.00	0.00

Name/Acct. No.	Type	Claim Amount	Interest Rate
CHARLOTTE HUNGERFORD HOSPITAL 0342	UNSECURED	0.00	0.00
COLUMBIA MEMORIAL HOSPITAL 7636	UNSECURED	0.00	0.00
DAILY MANAGEMENT, INC 809E	UNSECURED	0.00	0.00
IMAGING RADIOLOGY ASSOC 6013	UNSECURED	0.00	0.00
BANK OF MILLBROOK 6957	MORTGAGE CLAIM	0.00	0.00
PATRIOTS RESORTS CORP 1797	UNSECURED	0.00	0.00
SHARON EMERGENCY MEDICINE, PC 6937	UNSECURED	0.00	0.00
SHARON EMERGENCY MEDICINE, PC 2174	UNSECURED	0.00	0.00
SHARON EMERGENCY MEDICINE, PC 4504	UNSECURED	0.00	0.00
SHARON HOSPITAL	UNSECURED	0.00	0.00
VASSAR BROTHERS MEDICAL CENTER 6282	UNSECURED	0.00	0.00

TOTALS

Total Priority: \$0.00

Total Secured: \$0.00

Total Unsecured: \$0.00

Toal Claims Filed \$0.00

SUMMARY OF PLAN TERMS

Debtor's plan payments \$215.00/ monthly for 48 months

Minimum amounts required for plan completion:

Minimum percentage for unsecured creditors	<u>5.00%</u>
Disposable Income:	<u>\$-</u>
Liquidation:	<u>\$6,000.00</u>

Date: 02/19/2014

Signed: /s/ Katie Stover

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK

IN RE: Douglas L Beyer
Robin S. Beyer

AFFIDAVIT OF SERVICE
Case No.: 13-10411

Debtors

KATIE STOVER, BEING DULY SWORN, DEPOSES AND SAYS: THAT SHE IS OVER THE AGE OF 18 YEARS; THAT SHE SERVED A COPY OF **NOTICE OF CLAIMS FILED** DATED FEBRUARY 19, 2014 ON THE FOLLOWING MANNERS: ON FEBRUARY 19, 2014.

VIA ELECTRONIC FILING:

Office of the United States Trustee
74 Chapel Street
Albany, NY 12207

RICHARD CROAK & ASSOC.
314 GREAT OAKS BLVD
ALBANY, NY 12203

VIA REGULAR U.S. MAIL

Douglas L Beyer
Robin S. Beyer
P.O. Box 793
Millerton, NY 12546

BY DEPOSITING A TRUE AND CORRECT COPY OF THE SAME PROPERLY ENCLOSED IN A POST-PAID WRAPPER IN THE OFFICIAL DEPOSITORY MAINTAINED AT 7 SOUTHWOODS PLAZA, ALBANY, NEW YORK DIRECTED TO SAID PERSON(S), AT SAID ADDRESSES.

/s/ KATIE STOVER

KATIE STOVER

Sworn before me this
19th day of February, 2014

/s/ Cheryl Corning

Reg. # 01C06024424
Notary Public - State of NY
Qualified in Rensselaer County
My Comission Expires 05/10/2015